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1999 Individual Income Taxes: Forms, Instructions, & Publications

Note that the IRS does not revise every form every year. All major forms are revised annually, but the ones that are less frequently used, and which are not impacted by yearly tax law changes, are revised only when necessary.

Forms revised annually will have the year shown in the upper right hand corner of the form, and forms revised periodically will have their revision date shown underneath the form number in the upper left hand corner of the form.

Each listing below shows the name of the file, its file size, and its official revision date. Most all files in this section are updated yearly, and will have 1999 as the most recent revision.

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Form Number	Name of Form	File Size	Rev. Date
<u>Form 1040</u>	U.S. Individual Income Tax Return - <u>Instructions</u>	33K	1999
<u>Form 1040 (Schedule A&B)</u>	Itemized Deductions and Interest & Dividend Income - <u>Instructions</u>	25K	1999
<u>Form 1040 (Schedule C)</u>	Profit or Loss from Business (Sole Proprietorship) - <u>Instructions</u>	25K	1999
<u>Form 1040 (Schedule C-EZ)</u>	Net Profit from Business (Sole Proprietorship) - <u>Instructions</u>	22K	1999
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<u>Form 1040 (Schedule J)</u>	Farm Income Averaging - <u>Instructions</u>	15K	1999

<u>Form 1040</u> <u>(Schedule R)</u>	Credit for the Elderly or the Disabled - <u>Instructions</u>	21K	1999
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<u>Form 1040A</u>	U.S. Individual Income Tax Return - <u>Instructions</u>	25K	1999
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<u>Form 8693</u>	Low-Income Housing Credit Disposition Bond	38K	0297
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<u>Form 8824</u>	Like-Kind Exchanges	35K	1999
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<u>Form 8833</u>	Treaty-Based Return Position Disclosure Under Section 6114 or 7701(b)	31K	0798
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Form 2119	<u>Instructions for Form 2119</u> Sale of Your Home	81K	1997
Form 2210	<u>Instructions for Form 2210</u> Underpayment of Estimated Tax by Individuals, Estates and Trusts	41K	1999
Form 2441	<u>Instructions for Form 2441</u> Child and Dependent Care Expenses	25K	1999
Form 2555	<u>Instructions for Form 2555</u> Foreign Earned Income	33K	1999
Form 2555-EZ	<u>Instructions for Form 2555-EZ</u> Foreign Earned Income Exclusion	26K	1999
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Form 3800	<u>Instructions for Form 3800</u> General Business Credit	21K	1999
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Form 4797	<u>Instructions for Form 4797</u> Sales of Business Property	34K	1999
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Form 5713	<u>Instructions for Form 5713</u> International Boycott Report	47K	1099
Form 6198	<u>Instructions for Form 6198</u> At-Risk Limitations	47K	1999
Form 6251	<u>Instructions for Form 6251</u> Alternative Minimum Tax - Individuals	51K	1999
Form 6252	<u>Instructions for Form 6252</u> Installment Sale Income	19K	1999
Form 6765	<u>Instructions for Form 6765</u> Credit for Increasing Research Activities	30K	1999
Form 8275	<u>Instructions for Form 8275</u> Disclosure Statement	25K	0398
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Form 8283	<u>Instructions for Form 8283</u> Noncash Charitable Contributions	37K	1098
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Form 8582-CR	<u>Instructions for Form 8582-CR</u> Passive Activity Credit Limitations	85K	1999
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Form 8828	Instructions for Form 8828 Recapture of Federal Mortgage Subsidy	37K	0198
Form 8829	Instructions for Form 8829 Expenses for Business Use of Your Home	26K	1999
Form 8839	Instructions for Form 8839 Qualified Adoption Expenses	32K	1999
Form 8853	Instructions for Form 8853 Medical Saving Accounts & Long-Term Care Insurance Contracts	47K	1999
Form 8862	Instructions for Form 8862 Information To Claim Earned Income Credit After Disallowance	14K	1199
Form 8866	Instructions for Form 8866 Interest Computation Under the Look-Back Method for Property Depreciated Under the Income Forecast Method	26K	0199
Notice Number	Name of Notice	File Size	Rev. Date
<u>Notice 703</u>	Read This To See If Your Benefits May Be Taxable	15K	0999
<u>Notice 797</u>	Possible Federal Tax Refund Due to the Earned Income Credit (EIC)	17K	1299
Tax Package Number	Name of Tax Package	File Size	Rev. Date
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<u>Tax Package 1040A</u>	1999 Tax Package 1040A	35K	0199

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For the year Jan. 1–Dec. 31, 1999, or other tax year beginning

1999, ending

OMB No. 1545-0074

Label

(See instructions on page 18.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign (See page 18.)

LABEL HERE

Your first name and initial

Last name

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 18.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.

Your social security number

Spouse's social security number

▲ IMPORTANT! ▲
You **must** enter your SSN(s) above.

Yes	No	Note. Checking "Yes" will not change your tax or reduce your refund.

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here. ►
- 4 ☐ Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here. ►
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ► 19). (See page 18.)

Exemptions

If more than six dependents, see page 19.

6a ☐ **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.b ☐ **Spouse**c **Dependents:**(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if qualifying child for child tax credit (see page 19)

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 19)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed

No. of boxes checked on 6a and 6b

No. of your children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above

Add numbers entered on lines above ►

Income

Attach Copy B of your Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not staple, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
- 8a **Taxable** interest. Attach Schedule B if required
- b **Tax-exempt** interest. DO NOT include on line 8a 8b
- 9 Ordinary dividends. Attach Schedule B if required
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21)
- 11 Alimony received
- 12 Business income or (loss). Attach Schedule C or C-EZ
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☐
- 14 Other gains or (losses). Attach Form 4797
- 15a Total IRA distributions . 15a b Taxable amount (see page 22)
- 16a Total pensions and annuities 16a b Taxable amount (see page 22)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F
- 19 Unemployment compensation
- 20a Social security benefits . 20a b Taxable amount (see page 24)
- 21 Other income. List type and amount (see page 24)
- 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ►

7	
8a	
9	
10	
11	
12	
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	
22	

Adjusted Gross Income

- 23 IRA deduction (see page 26) 23
- 24 Student loan interest deduction (see page 26) 24
- 25 Medical savings account deduction. Attach Form 8853 25
- 26 Moving expenses. Attach Form 3903 26
- 27 One-half of self-employment tax. Attach Schedule SE 27
- 28 Self-employed health insurance deduction (see page 28) 28
- 29 Keogh and self-employed SEP and SIMPLE plans 29
- 30 Penalty on early withdrawal of savings 30
- 31a Alimony paid b Recipient's SSN ► 31a
- 32 Add lines 23 through 31a 32
- 33 Subtract line 32 from line 22. This is your **adjusted gross income** 33

23	
24	
25	
26	
27	
28	
29	
30	
31a	
32	
33	

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

OMB No. 1545-0074

1999

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1)	1		
2	Enter amount from Form 1040, line 34. 2			
3	Multiply line 2 above by 7.5% (.075)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5 State and local income taxes	5		
(See page A-2.)	6 Real estate taxes (see page A-2)	6		
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ▶	8		
	9 Add lines 5 through 8		9	
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10		
(See page A-3.)	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶			
	12 Points not reported to you on Form 1098. See page A-3 for special rules	12		
Note. Personal interest is not deductible.	13 Investment interest. Attach Form 4952 if required. (See page A-3.)	13		
	14 Add lines 10 through 13		14	
Gifts to Charity	15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4	15		
If you made a gift and got a benefit for it, see page A-4.	16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You MUST attach Form 8283 if over \$500	16		
	17 Carryover from prior year	17		
	18 Add lines 15 through 17		18	
Casualty and Theft Losses	19 Casualty or theft loss(es). Attach Form 4684. (See page A-5.)		19	
Job Expenses and Most Other Miscellaneous Deductions	20 Unreimbursed employee expenses—job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	20		
(See page A-5 for expenses to deduct here.)	21 Tax preparation fees	21		
	22 Other expenses—investment, safe deposit box, etc. List type and amount ▶	22		
	23 Add lines 20 through 22	23		
	24 Enter amount from Form 1040, line 34. 24	24		
	25 Multiply line 24 above by 2% (.02)	25		
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	
Other Miscellaneous Deductions	27 Other—from list on page A-6. List type and amount ▶		27	
Total Itemized Deductions	28 Is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. } . ▶ <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.		28	

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

Schedule B—Interest and Ordinary Dividends

Attachment
Sequence No. **08**

Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Note. If you had over \$400 in taxable interest, you must also complete Part III.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ►

	Amount	
1		
2		
3		
4		

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You **MUST** attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►

Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Note. If you had over \$400 in ordinary dividends, you must also complete Part III.

- 5** List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13 ►

5	Amount	
6		

- 6** Add the amounts on line 5. Enter the total here and on Form 1040, line 9 . ▶

Part III Foreign Accounts and Trusts

(See
page B-2.)

You must complete this part if you **(a)** had over \$400 of interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 1999, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

- 8** During 1999, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

Yes	No
	
	



**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Net Profit From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

► Attach to Form 1040 or Form 1041. ► See instructions on back.

OMB No. 1545-0074

1999

Attachment
Sequence No. **09A**

Social security number (SSN)

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$2,500 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as a sole proprietor.

And You:

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, on page C-3 to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service

B Enter code from pages C-8 & 9

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.). Address not required if same as on Form 1040, page 1.

City, town or post office, state, and ZIP code

Part II Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see **Statutory Employees** in the instructions for Schedule C, line 1, on page C-2 and check here ☐

1

2 Total expenses. If more than \$2,500, you **must** use Schedule C. See instructions

2

3 Net profit. Subtract line 2 from line 1. If less than zero, you **must** use Schedule C. Enter on **Form 1040, line 12**, and **ALSO** on **Schedule SE, line 2**. (Statutory employees **do not** report this amount on Schedule SE, line 2. Estates and trusts, enter on Form 1041, line 3.)

3

Part III Information on Your Vehicle. Complete this part **ONLY** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ►/...../.....

5 Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for:

a Business **b** Commuting **c** Other

6 Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**

7 Was your vehicle available for use during off-duty hours? ☐ **Yes** ☐ **No**

8a Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

Instructions

You may use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship and you have met all the requirements listed in Part I of Schedule C-EZ.

Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

Line B

Enter the six-digit code that identifies your principal business or professional activity. See pages C-8 and C-9 for the list of codes.

Line D

You need an employer identification number (EIN) only if you had a Keogh plan or were required to file an employment, excise, estate, trust, or alcohol, tobacco, and firearms tax return. If you need an EIN, file **Form SS-4**, Application for Employer Identification Number. If you do not have an EIN, leave line D blank. **Do not** enter your SSN.

Line E

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on **Forms 1099-MISC**. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

Line 2

Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expense, rent or lease expenses, repairs and maintenance, supplies, taxes, travel, the allowable percentage of business meals and entertainment, and utilities (including telephone). For details, see the instructions for Schedule C, Parts II and V, on pages C-3 through C-7. If you wish, you may use the optional worksheet below to record your expenses.

If you claim car or truck expenses, be sure to complete Part III of Schedule C-EZ.

Optional Worksheet for Line 2 (keep a copy for your records)

a Business meals and entertainment	a					
b Enter nondeductible amount included on line a (see the instructions for lines 24b and 24c on page C-5)	b					
c Deductible business meals and entertainment. Subtract line b from line a	c					
d	d					
e	e					
f	f					
g	g					
h	h					
i	i					
j Total. Add lines c through i . Enter here and on line 2	j					



Use
the
IRS
label
here

Your first name and initial Last name

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see page 12. Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.

Your social security number

--	--	--	--	--	--	--	--	--	--

Spouse's social security number

--	--	--	--	--	--	--	--	--	--

▲ IMPORTANT! ▲
You must enter
your SSN(s) above.

**Presidential
Election
Campaign**
(See page 12.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you want \$3 to go to this fund? ▶

Yes ☐ No ☐

If a joint return, does your spouse want \$3 to go to this fund? ▶

Yes ☐ No ☐

Income

**Attach
Copy B of
Form(s)
W-2 here.**
Enclose, but
do not staple,
any payment.

1 Total wages, salaries, and tips. This should be shown in box 1 of your W-2 form(s). Attach your W-2 form(s). 1

2 Taxable interest. If the total is over \$400, you cannot use Form 1040EZ. 2

3 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends (see page 14). 3

4 Add lines 1, 2, and 3. This is your **adjusted gross income**. 4

Note. You must check Yes or No.

5 Can your parents (or someone else) claim you on their return?
Yes. Enter amount from worksheet ☐ No. If single, enter 7,050.00. If married, enter 12,700.00. See back for explanation. ☐ 5

6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter 0. This is your **taxable income**. ▶ 6

**Payments
and tax**

7 Enter your Federal income tax withheld from box 2 of your W-2 form(s). 7

8a Earned income credit (see page 15).

b Nontaxable earned income: enter type and amount below.

Type \$ 8a

9 Add lines 7 and 8a. These are your **total payments**. 9

10 Tax. Use the amount on line 6 above to find your tax in the tax table on pages 24–28 of the booklet. Then, enter the tax from the table on this line. 10

Refund

Have it directly deposited! See page 20 and fill in 11b, 11c, and 11d.

11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund**. 11a

▶ **b** Routing number

▶ **c** Type:

Checking ☐

Savings ☐

d Account number

☐
☐
☐

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Amount
you owe**

12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the **amount you owe**. See page 21 for details on how to pay. 12

I have read this return. Under penalties of perjury, I declare that to the best of my knowledge and belief, the return is true, correct, and accurately lists all amounts and sources of income I received during the tax year.

**Sign
here** ▶

Your signature

Spouse's signature if joint return. See page 11.

Keep copy for your records.

Date

Your occupation

Date

Spouse's occupation

For
Official
Use
Only

6	7	8	9	10

1040A**U.S. Individual Income Tax Return** (99)**1999**

IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0085

Label

(See page 19.)

Use the IRS label.

Otherwise, please print or type.

L A B E L H E R E	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Home address (number and street). If you have a P.O. box, see page 20.		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 20.		

▲ IMPORTANT! ▲You **must** enter your SSN(s) above.**Presidential Election Campaign Fund** (See page 20.)

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Note. Checking "Yes" will not change your tax or reduce your refund.**Filing status**

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security number above and full name here. ▶ _____
- 4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 22.)

Exemptions

- 6a ☐ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.

No. of boxes checked on 6a and 6b _____

- b ☐ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if qualifying child for child tax credit (see page 23)

No. of your children on 6c who:

• lived with you _____

• did not live with you due to divorce or separation (see page 24) _____

Dependents on 6c not entered above _____

Add numbers entered on lines above

d Total number of exemptions claimed.

Income

Attach Copy B of your Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 25.

Enclose, but do not staple, any payment.

7 Wages, salaries, tips, etc. Attach Form(s) W-2.

7

8a Taxable interest. Attach Schedule 1 if required.

8a

b Tax-exempt interest. DO NOT include on line 8a.

8b

9 Ordinary dividends. Attach Schedule 1 if required.

9

10a Total IRA distributions.

10a

10b Taxable amount (see page 25).

10b

11a Total pensions and annuities.

11a

11b Taxable amount (see page 26).

11b

12 Unemployment compensation, qualified state tuition program earnings, and Alaska Permanent Fund dividends.

12

13a Social security benefits.

13a

13b Taxable amount (see page 28).

13b

14 Add lines 7 through 13b (far right column). This is your **total income**.

▶ 14

Adjusted gross income

15 IRA deduction (see page 30).

15

16 Student loan interest deduction (see page 30).

16

17 Add lines 15 and 16. These are your **total adjustments**.

17

18 Subtract line 17 from line 14. This is your **adjusted gross income**.

▶ 18

Taxable income**19** Enter the amount from line 18.

19

20a Check ☐ **You** were 65 or older ☐ **Blind** } Enter number of ☐
 if: ☐ **Spouse** was 65 or older ☐ **Blind** } boxes checked ▶ **20a** ☐

b If you are married filing separately and your spouse itemizes deductions, see page 32 and check here . . . ▶ **20b** ☐

21 Enter the **standard deduction** for your filing status. **But** see page 33 if you checked any box on line 20a or 20b **OR** if someone can claim you as a dependent.

- Single—\$4,300 • Married filing jointly or Qualifying widow(er)—\$7,200
- Head of household—\$6,350 • Married filing separately—\$3,600

22 Subtract line 21 from line 19. If line 21 is more than line 19, enter -0-.

22

23 Multiply \$2,750 by the total number of exemptions claimed on line 6d.

23

24 Subtract line 23 from line 22. If line 23 is more than line 22, enter -0-. This is your **taxable income**.

▶ 24

Tax, credits, and payments**25** Find the tax on the amount on line 24 (see page 34).

25

26 Credit for child and dependent care expenses. Attach Schedule 2.

26

27 Credit for the elderly or the disabled. Attach Schedule 3.

27

28 Child tax credit (see page 35).

28

29 Education credits. Attach Form 8863.

29

30 Adoption credit. Attach Form 8839.

30

31 Add lines 26 through 30. These are your **total credits**.

31

32 Subtract line 31 from line 25. If line 31 is more than line 25, enter -0-.

32

33 Advance earned income credit payments from Form(s) W-2.

33

34 Add lines 32 and 33. This is your **total tax**.

▶ 34

35 Total Federal income tax withheld from Forms W-2 and 1099.

35

36 1999 estimated tax payments and amount applied from 1998 return.

36

37a **Earned income credit.** Attach Schedule EIC if you have a qualifying child.

37a

b Nontaxable earned income:

amount ▶ and type ▶

38 Additional child tax credit. Attach Form 8812.

38

39 Add lines 35, 36, 37a, and 38. These are your **total payments**.

▶ 39

Refund

40 If line 39 is more than line 34, subtract line 34 from line 39. This is the amount you **overpaid**.

40

41a Amount of line 40 you want **refunded to you**.

41a

Have it directly deposited! See page 47 and fill in 41b, 41c, and 41d.

▶ **b** Routing number ▶ **c** Type: ☐ Checking ☐ Savings

▶ **d** Account number

42 Amount of line 40 you want **applied to your 2000 estimated tax**.

42

Amount you owe

43 If line 34 is more than line 39, subtract line 39 from line 34. This is the **amount you owe**. For details on how to pay, see page 48.

43

44 Estimated tax penalty (see page 48).

44

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature

Date

Your occupation

Daytime telephone number (optional)

Spouse's signature. If joint return, BOTH must sign.

Date

Spouse's occupation

Joint return? See page 20. Keep a copy for your records.

Paid preparer's use only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed) and address

EIN

ZIP code

